NORTH EASTMAN HEALTH ASSOCIATION INC.
Association de santé du Nord-Est inc.

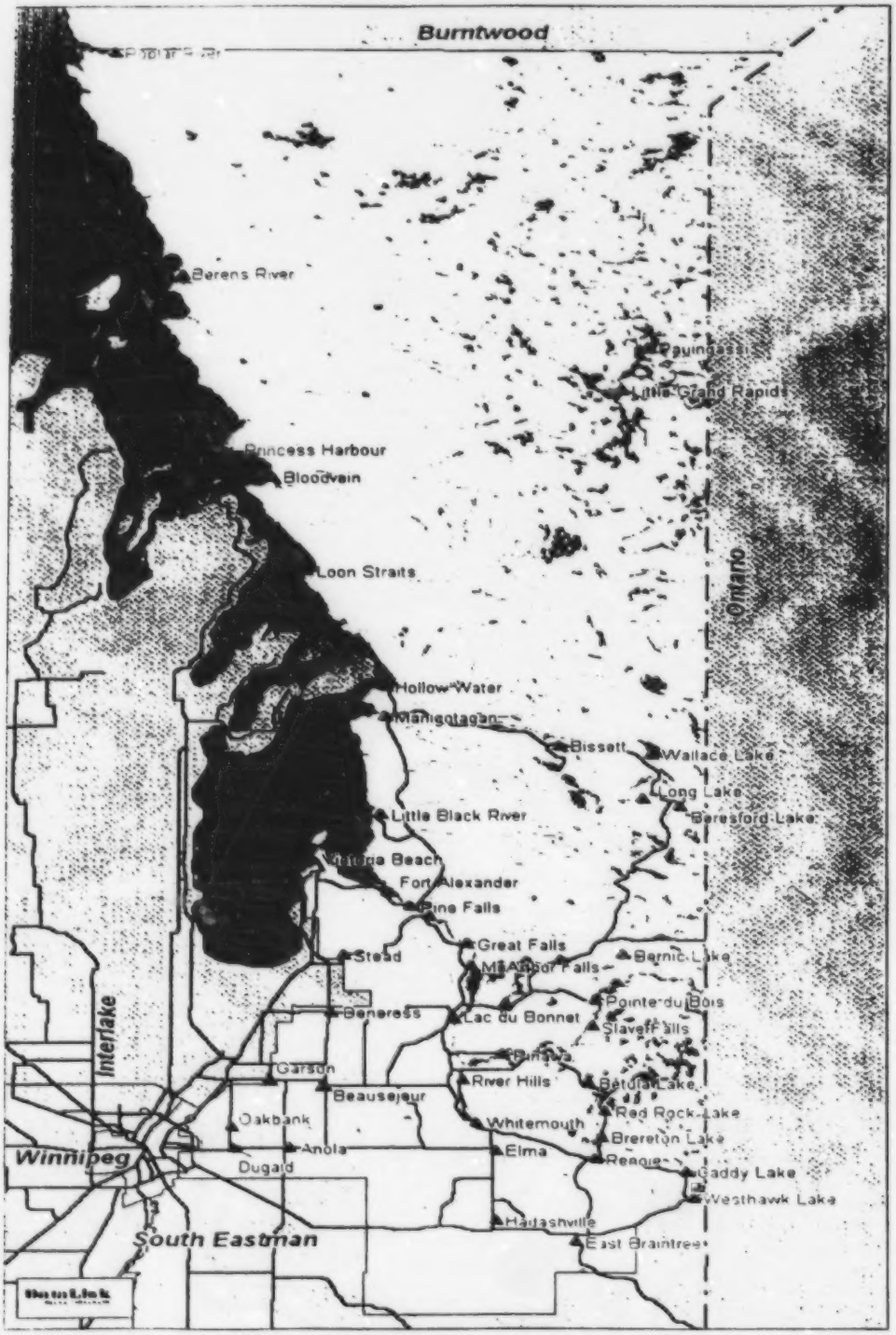
ANNUAL REPORT

1998/1999

(April 1, 1998 – March 31, 1999)

September 30, 1999

"Working together to create a healthy North Eastman"



North Eastman Regional Map

Mission, Vision, Values
1998 / 1999

Our Mission:

"The North Eastman Health Association will strive to ensure that people in the region receive effective and comprehensive health services, responsive to meet their changing needs. The North Eastman Health Association is committed to enhancing the health, spiritual, mental and social well being of the people of the North Eastman Region by enabling individuals, families and communities to adopt healthy lifestyles and to become better equipped to cope with changing life conditions".

Our Vision:

"Working together to create a healthy North Eastman".

Our Values:

We believe in:

- *Treating all people with compassion, respect and understanding.*
- *Recognizing and respecting people's ethnic and cultural heritage.*
- *Recognizing the family as an integral system within our communities.*
- *Respecting alternative and traditional healing practices.*
- *Taking a proactive approach to health and lifestyle education.*
- *Developing trust through open and honest communications.*
- *Acknowledging the value of life through recognition of individual preferences.*
- *Developing an integrated health system where people have reasonable and timely access to sustainable, appropriate, quality health services.*
- *Emphasizing the importance of individual responsibility for health, recognizing the right and responsibility of people to make informed choices in decisions affecting their health.*
- *Consulting with stakeholders in the development of appropriate, effective and evidence based health service planning.*
- *Respecting the confidentiality of client information.*
- *Pursuing the continuous improvement of the full continuum of health services.*
- *Being accountable to the people of the region.*

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1. INTRODUCTION

1.1 Board Chair Report – Don Mazur

It has been my distinct pleasure to have served the region during the 1998/99 fiscal year in the capacity of Chairman and to present, on behalf of the Board of Directors, the annual Chairman's report.

It is with a sense of accomplishment that I reflect on the activities of the North Eastman Health Association Inc. Board of Directors during the 1998/1999 fiscal year. The Association is responsible for the planning and delivery of health services to better meet the needs of the residents of our region.

In our desire to move forward towards a system that fosters and supports health promotion and disease prevention, we want to ensure effective and affordable service delivery. Our desire is to empower people, communities and health professionals of our region and strengthen family and community based support in prevention approaches. Our ultimate goal is to maintain essential and appropriate services and reduce health inequities within the region.

The North Eastman Health Association Inc. Board of Directors experienced some changes in its membership during 1998/99 with the resignation of the Mr. Bill Boonstra and Mr. Ken Cowie. Both of these gentlemen were integral members of the Board of Directors and I wish them the very best in their future endeavours.

As part of the Board's policy framework, the Board underwent a pivotal exercise to review the Ends policies encompassing the Mission, Vision, and Values as they set the tone for health care in North Eastman. The Board has also developed and adopted a myriad of governance policies.

It is evident that we are well on our way to developing an effective and efficient regional health care system that can respond to the needs of our clients/patients and communities. I look forward to 1999/2000 to maintain and improve health care services in the North Eastman Region through innovation, and establishing partnerships with other groups and organizations.

As always, working with Manitoba Health has been constructive and rewarding. The cooperation and support of the Minister of Health and his staff has helped us immensely.

On behalf of the Board of Directors, I would also like to take this opportunity to thank the countless individuals, volunteers, groups and organizations who contribute to the health and wellness of the region's residents. As well, the countless donations to facilities, agencies and programs in the North Eastman region is greatly appreciated. It is through cooperative community efforts that an integrated health care system is developed that is strong, efficient, and most importantly, responsive to community needs. I could not let this occasion pass without stressing the importance of regionalization, and I would be remiss if I failed to acknowledge and commend the dedication and work of the members of our staff and physicians. All our best efforts at the Board level would mean little without their efforts. I also want to extend my thanks to the Board for it's support and dedication.

To the residents of the Region, we appreciate your continued understanding, assistance and patience.

1.2 Chief Executive Officer Report – Todd Stepanuik

It is indeed a distinct privilege for me to provide this Chief Executive Officer's Report of the activities for the 1998/1999 fiscal year. The 1998/1999 fiscal year was a year in which we saw a number of changes in striving towards maximizing health and wellness for our residents. The Association continued to place increased emphasis on health promotion and disease prevention strategies.

Capital planning continues to be a major thrust for the Region as we are planning for the following:

- Redevelopment of the 30-bed Beausejour District Hospital;
- The construction of the 40-bed Personal Care Home/Primary Care Centre in Oakbank;
- Completion of the functional redesign of the Whitemouth District Health Centre.

In addition, the Region has also continued to seek approval for other Capital Projects such as renovations to space occupied in Manigotagan, Seymourville, and Bissett so as to promote the establishment of multidisciplinary community based programs and services and to ensure increased accessibility.

The Region has also concentrated it's efforts on the development of enhanced communication strategies to our stakeholders. The Board of Directors has made a wholehearted commitment to providing honest, timely and straight forward communication to it's stakeholders. As a result, the 1998/99 fiscal year saw the development of the regional Website as well as the establishment of a toll-free number so as to allow easier public access to the Association. In addition, the Association has created an external newsletter which is mailed out to all North Eastman households on a quarterly basis. The Region is presently working diligently on the establishment of a Service Directory which will be ready for distribution in the fall of 1999. The Association acknowledges the critical importance of engaging in consultation with our stakeholders and therefore will continue to devote considerable energy to providing and exchanging information. Although dialogue and collaboration has occurred with the aboriginal communities, considerable effort is required to continue to develop these partnerships. The Association very much looks forward to working together with the First Nations communities, as this will continue to be a priority over the course of the next 12 months.

The Association has also been fleshing out the Board's vision into an organizational philosophy that will enable the Region to be all that it can be. Both Board and Management are committed to establishing a culture that reflects the belief that "people are our most valuable resource". The organization has made the decision to pursue Regional Accreditation through the Canadian Council on Health Services Accreditation in June 2000. Also, a need to review the corporate structure was recognized and a comprehensive review took place in 98/99 with re-engineering to take place in April 1999.

My message would not be complete without taking the opportunity to celebrate the diverse gifts and talents of those involved in serving in North Eastman. Special recognition must be given to the Board members for their insight and dedication in these times of change; to members of the Management Team for their support and eagerness to accept new challenges as we strive to be all that we can be; to members of our staff, our physicians and our volunteers for being the hands and the hearts of North Eastman as they deliver outstanding service to our patients, residents, and clients.

In addition, I would like to extend my sincere thanks and gratitude to our clients, patients and residents for their patience, cooperation, feedback and participation in 1998/99. I look forward to the 1999/2000 fiscal year to implement our Health Plan that promises to maintain and improve health care services in the Region. I trust that you will find the accompanying Annual Report to be both informative and insightful.

1.3 Board Members Listing

Don Mazur, Chair - Teacher, President of the North East Waste Management Authority, former Mayor for the Town of Beausejour, Director of the Brokenhead Recreation Commission, Director of the Beausejour Brokenhead Planning District, Director of the Beausejour Brokenhead Development Corporation, past Director of the East-Gate Lodge Board and past Director of the Beausejour and District Health Board.

N. Peter Cliche, Vice-Chair - Former CEO of the Pinawa Hospital, Coordinator of the Pinawa Ambulance Service, past President of the Two Rivers Seniors Resource Council, Administrative Consultant during construction of the Whitemouth District Health Centre, past Director and President of the Manitoba Association of Fire Chiefs, past President of the Pinawa Lions Club, past Chairman of the Pinawa Lutheran Church, past President of the Manitoba Association of Institutional Laundry Managers.

Jeanne Kozak, Treasurer - Chief Administrative Officer for the R.M. of Reynolds, office and managerial experience, Emergency coordinator of the R.M. of Reynolds E.M.O. Emergency Plan, former Director of the Ste. Anne Hospital Board, former Director of the Manitoba Municipal Administrators' Association, former Member of the Advisory Committee of the Continuing Education Division of the University of Manitoba, former Fine Option Co-ordinator, Manitoba Justice, Community & Youth Correctional Services.

Lorraine Neal, Secretary - Freelance writer, former Transit Bus Operator and Driving Instructor for Winnipeg Transit, former ice maker/caretaker for Pine Falls arena, former Belair MTS telephone operator, Vice-Chair of the St. Georges Munici-pal Library, Chair of the Beaches Christmas Cheer Hamper Board, past citizen member of two Pine Falls Health Complex Board committees and Foundation, former Co-Chair and outreach committee member of the Pine Falls United Church Women, former Sunday School teacher, former member of Winnipeg River Women's Institute, former assistant Chief Steward.

William Boonstra - Poultry Farmer, Municipal Councillor for the R.M. of Whitemouth, Chairman of the Whitemouth/ Reynolds Waste Management Facilities, Director of the Manitoba Farm Animal Council, former Chair of the Business Development Board, Executive Director of the Manitoba Egg Marketing Board, former Community Recreation Centre Board Member and Chairman.

Ken Cowie - Industrial Electrician/ Electronics Technician. Former Trustee and Chairman of the Pine Falls Health Complex, Chairman of the North Eastman Transitional Planning Committee, former Director of the Pine Falls Health Complex Foundation, former union representative and President, served on the Pine Falls Recreation Association.

Margaret Janzen - Lawyer, Municipal Councillor for the R.M. of Springfield, former Director of the East-Gate Lodge Board, Director of the South-West Bar Association, Director of the Springfield Resource Centre, member of Springfield-Tache Weed Control District, organizer of district Rural Crime Watch Program, Director & Manitoba Finance Committee representative for Red River Basin Board.

Denise Joss - Teacher specializing in teaching and integrating multi-challenged children into their home schools, teacher representative on school Parent Advisory Council, past Vice-President, Treasurer and Membership Chairperson for the Manitoba

Chapter of the Division of Early Childhood Educators, former Chairperson of the Kin Place Complex in Oakbank, former Chairperson of the Oakbank Personal Care Home fundraising Board.

Ralph Kennedy – Former school teacher, former Chair of the Recreation Committee of the Winnipeg Board of Parks and Recreation, former President of Child and Family services of Eastern Manitoba, former Councillor for the R.M. of Springfield, former President of the Thoroughbred Horsemen's Association of Manitoba and Vice-President of the Thoroughbred Horsemen's Association of Canada, former Vice-Chairman of the Manitoba Council on Aging.

Karen Kost – Talent Development Teacher, former English Language Enrichment Teacher for native students at Centennial School in Lac du Bonnet, coordinator of Mrs. Lucci's Second Hand Store employment opportunity initiative for youth, former Facilitator for the Manitoba Heart Health Project.

Edna Kozyra - Deputy Mayor for the Town of Beausejour, former Municipal Administrator for the R.M. of Whitemouth and the R.M. of Brokenhead, Treasurer and Director for the Beausejour Branch of the Association of Community Living, Treasurer of the East-Man Regional Development Corporation, Director for the Board of the Beausejour Lions Lodge, Chairperson for the Health & Social Welfare for the Town of Beausejour, former Vice-Chairperson of the East-Gate Lodge Board.

William McGee – Field Representative/ Organizer for the Laborers International Union of North America, self-employed Construction Contractor with experience in major construction projects, former volunteer attendant (emergency first responder) for the Beausejour and District Ambulance Service, former health facility maintenance staff member, former R.C.M.P. Civilian employee, trained Nursing Assistant and Housekeeping and Laundry Assistant.

Bradley Robertson - Former Municipal Administrator and Certified Nursing Assistant. Past Treasurer of the Pine Falls Legion, Director of the Winnipeg River Seniors Services, Commissioner for the Workers Compensation Board, Chairman of the Final Level of Appeal (WCB).

Larry Starr (appointed July 1998) – Health Coordinator, Southeast Resource Development Council Corporation. Chairperson of the Manitoba Community Wellness Working Group, Chair of Mental Health sub-committee, involved in national Health project on behalf of Manitoba; former and first Director of Native Interpretors Program Children Hospital, Winnipeg; former Headman (Chief) Winnipeg Indian Council, Manitoba Indian Brotherhood; former Vice-President, Winnipeg Region, Manitoba Indian Brotherhood; former Grand Chief, First Nations Confederacy; former executive Director/Administrator of First Nations Confederacy; former Director of St. Boniface Hospital; form Board Member of St. Amant Centre and former Reserve Army Sargeant.

1.4 Board Goals and Actions Taken

During the period under review the specific goals identified by the North Eastman Health Association's Board of Directors included:

a) Beginning construction projects consisting of the Oakbank (KinPlace) Personal Care Home/Primary Care Centre and the Beausejour District Hospital redevelopment project.
b) Completion of construction programs.
c) Completion of a second annual Board Self-Evaluation.
d) Review of the Corporation's Organizational Structure.
e) Community Health Assessment review.
f) Communications
g) Advisory Councils
h) Ends Policies
i) New Programs

a) Beginning construction projects consisting of the Oakbank (KinPlace) Personal Care Home/Primary Care Centre and the Beausejour District Hospital redevelopment project.

Approval has been received supporting the Beausejour District Hospital construction project which would look at replacement/major renovations of the Hospital, provide enhanced focus in ambulatory care services and flexible multiple use in patient accommodation and space for full integration of community based multidisciplinary primary care services, including physicians. Activity on the site (construction) will begin in the Spring of 1999.

The Oakbank Personal Care Home/Primary Care Centre has received approval to include 40 personal care home beds including community outreach and multidisciplinary primary care community based health services. Construction will commence in the Spring of 1999.

b) Completion of Construction Programs

1998/99 saw the completion of the upgrade to the Whitemouth District Health Centre to better promote the establishment of multidisciplinary community based programs and services and complete a functional redesign of existing space.

In addition, an ambulance shelter at the emergency entrance at the Pinawa Hospital was also constructed during 1998/99.

The North Eastman Health Association Inc. Board of Directors has continued to seek approval for upgrades/expansions to community health offices located in the communities of Manigotagan, Seymourville and Bissett. In addition, the organization has seeked approval for the redevelopment of the Pinawa Hospital to also make provision for an in-patient rehab unit.

c) Completion of a second annual Board Self-Evaluation

The Board of Directors have further developed a board self-evaluation document. As a result, during the 1998/99 period, the Board did in fact meet to once again evaluate itself. The Board is planning a follow-up session to identify the actions required to address any outstanding issues.

d) Reviewing the Corporation's Organizational Structure

As an evolving and maturing organization, it was recognized that the corporate structure needed to be reviewed, evaluated and modified to ensure it met the needs of the organization today and into the future. As a result, a comprehensive review took place in 1998/99 with re-engineering to take effect in April 1999.

e) Establishing a Community Health Assessment Process

The Board recognizes the Community Health Assessment as an integral component of the planning process for the Association. A comprehensive assessment describing the health needs of the Region was published in January 1998. This document continues to provide useful information regarding Regional priorities and community variation to guide program and service development.

f) Communications

The Board of Directors continues to develop and implement strategic communication initiatives to better meet the needs of our stakeholders. This has been developed in 1998/99 through the establishment of in-house publications, creation of a Website, the ongoing development of a Regional Service Directory, establishment of an External Newsletter, establishment of a toll free number as well as the Annual General Meeting.

g) Advisory Councils

The Board of Directors continues to provide the District Health Advisory Council's specific goals to enable more community input from the constituents of the North Eastman Region.

h) Reviewing and Redevelopment of Mission, Vision and Values

In February 1999, the North Eastman Health Association Inc. Board of Directors embarked upon a workshop with the objectives of which to review NEHA's accomplishments, to assess the local and provincial health care environments, to consider long term strategy as well as to review the vision, mission and values. This was seen as a pivotal exercise as the mission statement, vision and values statement will in fact set the tone for health care in North Eastman.

i) New Programs

The Board of Directors was pleased to announce that in conjunction with Manitoba Health the Region has introduced the Women and Infant Nutrition Program which will provide both nutritional education and a nutrition supplement to provincial employment and income clients who are pregnant or have children under one year of age. The Region is also proud to introduce a program entitled "BabyFirst" which is part of the Public Health program. It is a community based early childhood program designed to provide services to families living in conditions of risk, who have children from prenatal to three years of age.

2. HEALTH STATUS

2.1 Health Status Highlights

The overall health status of the residents of the North Eastman Region continues to be below average in relation to the residents of the province of Manitoba as a whole. Significant disparity also exists within the Region with lower health status among residents of the northern areas.

North Eastman residents have a higher than average rate of premature death, considering only those deaths which occur before 75 years of age. Of significant concern is the number of deaths as the result of motor vehicle accidents, drowning and suicide. Considering all deaths that occurred in the Region during the same period of time, the top three causes were heart disease, cerebrovascular disease (stroke) and lung cancer. All of the above causes of death can be attributed, directly or indirectly to lifestyle factors such as smoking, alcohol consumption, diet, exercise and to broader determinants of health. In the 1996 National Population Health Survey, North Eastman residents reported higher than average incidence of cigarette smoking, heavy alcohol consumption, inactivity and lower than average psychological well-being. At the same time, residents were found to have a higher than average incidence of obesity and rate of unemployment. Among reportable communicable diseases, the Region has a higher than average incidence of chlamydia and shigellosis with a steady increase in the incidence of these diseases between the years 1996 to 1998.

The health of North Eastman children and First Nations residents is of particular concern. The rate of infant mortality in the Region is higher than the provincial average and the Region has one of the highest rates of low birth weight in the province of Manitoba. While the incidence of teenage pregnancies has decreased considerably for the Region as a whole in recent years, it continues to be very high among residents of North Eastman First Nations communities. Immunization against common childhood diseases continues to be one of the most successful disease prevention strategies. Immunization rates for infants and children for North Eastman are just slightly lower than average when compared to the province.

First Nations residents continue to experience a significant burden of illness from diabetes, with prevalence twice that of non-First Nations residents. Chronic health conditions frequently associated with diabetes include heart and cerebrovascular disease, both leading causes of death in the Region.

In recent years residents of the Region have experienced positive health outcomes. The incidence of tuberculosis in the Region decreased between the years 1996 to 1998. The current incidence of TB is significantly lower than the provincial average. There is also a lower than average incidence of most types of cancer in the North Eastman Region when compared to the province as a whole. Similarly, death rate from cancer in the Region is lower than the provincial average for most cancers.

While some advances in the health of residents of the Region have been made in recent years, significant health concerns continue to exist. The North Eastman Region receives among the lowest per capita funding for health services among all regions in the

province. Access to primary health care continues to be an issue, especially for residents of the northern areas of the Region. The Regional Health Authority faces a number of difficult tasks as it strives to fulfill its mission to enhance the health of the people of the Region. The following sections present statistics for key health status indicators. The data often presents more questions than answers; information which will be sought as part of efforts to improve the health of residents of the Region.

2.2 Premature Mortality

Premature Mortality - Potential Years of life lost considers all deaths before age 75 and counts the years of life lost from the age at death to age 75. Premature mortality is an indicator of the overall health of a population. In North Eastman significant findings include:

- Including all premature deaths which occurred between 1993 and 1997, the rate of premature death in North Eastman was 363.6 deaths per 100,000 population compared to a rate of 349.3 / 100,000 population for the province as a whole.

- Among women, the leading causes of premature years of life lost are, in descending order, breast cancer, motor vehicle traffic accidents, lung cancer, and suicide. For men, the leading causes of premature yeas of life lost are ischemic heart disease, motor vehicle traffic accidents, suicide, and accidental drowning. See Table 1.

- In comparison to the province as a whole, North Eastman residents had higher average annual deaths from motor vehicle accidents, suicide, death from ill-defined or unknown causes, homicide/assault and fire/flames. In addition, for males there is higher number of deaths due to accidental drowning and cerebrovascular disease.

2.3 Standardized Mortality Rate

Standardized mortality rates are the annual number of deaths per 100,000 population, which would be observed in the population if it had the same composition as a reference (or standard) population. The standard population is the June 1, 1990 Manitoba population.

- The standardized death rate in North Eastman is 778.6 deaths per 100,000 population as compared to the provincial average of 754.2 death / 100,000.

2.4 Cause of Death

Causes of Death by Gender consider <u>all</u> deaths. Standardized mortality rate is the annual number of deaths by specific causes for the most prevalent causes of death, which would be observed in the population if it had the same age composition as the June 1, 1990 Manitoba population. Average annual death rate is considered for the years 1993 to 1997. For both men and women in North Eastman, the top three causes of death were ischemic heart disease, cerebrovascular disease and cancer of the trachea, bronchus and lung.

2.5 Infant Mortality Rate

Infant Mortality Rate is the ratio of deaths among infants under one year of age to the number of live births for a given period of time. Infant mortality is an indicator of the level of mortality, health status and level of health care of a country, the effectiveness of its preventive care and attention, and to the health of the mother and child.

- Considering infant deaths between 1994/95 and 1997/98, the average annual infant mortality rate for North Eastman is 7.68 deaths per 1,000 live births, compared to the provincial average of 7.0 and the national (1991) average of 6.14. North Eastman ranks fifth highest region in the province in infant mortality.

2.6 Birth Weight Rates

In 1997/1998 the Region had one of the highest incidence of low birth weight, at 57.5 cases per 1,000 live births, compared to the provincial average of 55.0 cases per 1,000 live births. North Eastman was among the lowest in incidence of high birth weight, often associated with gestational diabetes at 151.0 cases per 1,000 live births (compared to the provincial rate of 153.9).

2.7 Incidence of Selected Notifiable Diseases

Tuberculosis Incidence Rate – In 1998 there were 7.77 cases of active tuberculosis (TB) per 100,000 diagnosed in the Region compared to the provincial rate of 10.15 cases per 100,000. The incidence is up from 5.17 cases per 100,000 in 1997 but down from 13.13 cases per 100,000 diagnosed in 1996. Among the rural RHAs, North Eastman had the second highest incidence of TB in the province in 1998.

Chlamydia Incidence Rate – Chlamydia is a sexually transmitted disease which can lead to other health conditions such as infertility and ectopic pregnancies. In 1998 the incidence of chlamydia in the Region was 414.8 cases per 100,000. The incidence has increased steadily over the past three years and is one of the highest in the province. This condition was diagnosed twice as frequently in females than males.

HIV Incidence Rate – HIV incidence rate is the number of new cases of laboratory confirmed infections with HIV per 100,000 population per year. For the Eastman Region as a whole there were no new cases of HIV infection and no cases of AIDS reported in either 1997 or 1998. However, the cumulative total of all cases of all HIV infections including all prior years is 13 cases, 11 males and two females.

Shigellosis Incidence Rate – Shigellosis incidence rate is the number of laboratory-confirmed cases of shigellosis per 100,000 population per year. Shigellosis incidence reflects general living conditions and fundamental public health pre-requisites (clean water, sanitation) as well secondary prevention. The shigellosis incidence rate in the Region in 1998 was 23.3 cases per 100,000 population. The incidence has increased markedly since 1996 and is the third highest in the Province.

2.8 Incidence of Selected Cancers

Reports the number of new cases of selected cancers per 100,000 in a given time period. The North Eastman Region ranks lower than the provincial average in deaths related to selected cancers, with higher than average rates of death related to cancer of the lung, ovaries, prostate, leukemias and the brain (see Table 3).

Melanoma Incidence – The incidence of melanoma in the Region is low, with only nine cases diagnosed in the three years – 1994, 1995 and 1996. The incidence rate of melanoma including all cases diagnosed between 1995 and 1996 is 6.9 per 100,000 population for women and 10.6 per 100,000 for men, compared with the provincial average of 9.9 per 100,000

population for women and 9.4 per 100,000 for men.

Breast Cancer Incidence – The incidence of breast cancer in the Region is relatively low compared to other regions and the province as a whole. The incidence of breast cancer, including all cases for the year 1990 to 1996 is 99.4 per 100,000 population for women and 0.8 per 100,000 population for men, compared to the provincial average of 115.7 for women and 0.9 for men.

Cervical Cancer Incidence – The incidence rate of cervical Cancer, including all cases diagnosed between the years of 1990 and 1996 is 9.3 per 100,000 female population, compared to the provincial average of 10.2 per 100,000 female population.

Prostate Cancer Incidence – The incidence of prostate cancer in the Region is consistent with the provincial average with 170.2 cases per 100,000 male population, including all cases diagnosed 1990 to 1996. The provincial average for the same period of time in 167.5 cases per 100,000 male population.

2.9 Incidence & Prevalence of Diabetes

Incidence and Prevalence of Diabetes Mellitus is a major health concern in the North Eastman Region. Incidence is the number of new cases of diabetes identified in physician office visits while prevalence is the total number of persons who have been diagnosed with diabetes (see Table 4).

- In 1996 the standardized incidence rate for diabetes mellitus in the Region was 4.4 cases per 1,000 population. The incidence in the First Nations population was 11.8 per 1,000 population.
- The prevalence of diabetes in the Region in 1996 was 49.5 cases per 1,000 population. The prevalence of disease among the North Eastman First Nations population is 151.8 per 1,000 as compared to 140.9 per 1,000 population in the province.

2.10 Mental Health

The mental health of the population has been measured using four indicators: psychological well being, prevalence of depression, incidence rate of suicide and hospital discharges related to major psychiatric causes.

Psychological Well-being is measured using the sense of coherence scales which was part of the National Population Health Survey (1996). The sense of coherence is a positive measure of health, reflecting a view of the world that a) events are comprehensible, b) challenges are manageable, and c) life if meaningful. Minimum score is four, maximum is 78. The average score of residents of the Eastman Region age 18 and over is slightly lower than the province as whole (see Table 5).

Depression – From the National Population Health Survey, the proportion of individuals aged 12+ who have at least 90% probability of a major depressive episode were identified. For every region the incidence was less than 30, so that only provincial data could be released. In Manitoba, 4.9% of residents have tendency to major depression.

Suicide Incidence Rate – Suicide is an important preventable cause of death and of potential life years lost, particularly among youth. It has been described as a reflection of the "tip of the iceberg" of mental anguish and depression. The average annual suicide rate in North Eastman form 1993 to 1997 is 17.8

suicides per 100,000 population, the highest suicide rate among all regions in the province. The average annual standardized suicide rate for the province of Manitoba as a whole for the same time period is 11.4 suicides per 100,000 population.

Psychiatric Hospitalization – Hospital discharges due to major psychiatric causes including affective psychoses, schizophrenic psychosis, alcohol/drug dependence/psychoses, adjustment reaction, depressive disorder and senile/presenile conditions are included. In the year 1997/98 there were 408.1 discharges form hospital related to the above diagnoses, compared to an average of 451.2 per 100,000 population for the province. The rate of hospitalizations due to major psychiatric causes has increased in recent years in the Region although still lower than the provincial rate.

2.11 Function

Function is an indicator derived from NPHS survey responses to questions regarding disability days in the past two weeks, and perceptions of perfect health. Long term activity limitation is defined as any limitation or disability in normal activities, at home, school, or work. Perfect health is defined as the percent with perfect health, a score of 100% based on eight attributes: vision, hearing, speech, mobility, dexterity, cognition, emotion, and pain/discomfort.

- Residents of North Eastman reported an average of .92 disability days in the previous two weeks, a rate equal to the provincial average. Forty-three percent of residents perceived they had perfect health as compared to the provincial score of 32%.

2.12 Childhood Immunization Rates

The proportion of two year olds fully immunized by their second birthday provides a proxy outcome measure for the immunization program, a program that is highly effective in terms of illness prevention.

- In fiscal year 1998/99, the percentage of two-year olds fully immunized was somewhat lower than the provincial average (see Table 6).
- By the time children in the Region reach their seventh year, the percentage of fully immunized rises. At this age the percentage of children who have received no immunization ranges from 3% for DPT/DT to 6% for HIB. The immunization rates rise to close to the provincial average for diptherias, pertusses, tenanus and polio, but remains below average for the other immunizations (see Table 7).

2.13 Teenage Pregnancy

Teenage pregnancy rate is the ratio of the number of pregnancies among women aged 15 to 19 in relation to the total female population aged 15 to 19.

In 1997/98 the Region had a teenage pregnancy rate of 60 per 1,000 population, a rate slightly higher than the provincial average. It is noteworthy that the incidence of teenage pregnancy in the Region has steadily decreased over the past four years, from 101 pregnancies in 1994/95 to 88 pregnancies in 1997/98. However, the rate of teenage pregnancy in First Nations communities is significantly higher than the Region as a whole and higher than the comparable rate in the province (see Table 8).

2.14 Smoking

Smoking Rate is the proportion of regular smokers, age 15 and over who report smoking at least one cigarette per day. In 1996, 25% of North Eastman residents reported smoking regularly. This rate is among the highest in the province in relation to other regions. Incidence among persons aged 15 to 25 is not available.

2.15 Obesity

Obesity Rate is the proportion of the population aged 15 and over with a body mass index equal to or greater than 30.0. In 1996, 14.2% of North Eastman residents were found to be obese, compared to 11.2% in the province as a whole. The incidence was higher among men than women and increased significantly among persons 45 to 64 years of age.

2.16 Physical Activity

Physical Activity Level is indicated by the proportion of the population with inactive leisure time. In 1996, 54.3% of North Eastman residents reported being inactive, below the provincial average of 58.8%. More women reported inactive leisure time than men. The incidence increased with age.

2.17 Heavy Drinking

Proportion of Heavy Drinkers includes persons aged 15 and over who reported consuming 14 or more alcoholic drinks per week. In North Eastman, 6.7% of residents were heavy drinkers. This rate is higher than the provincial average of 6.1% and among the highest in relation to other rural RHAs.

2.18 Education Level

The proportion of North Eastman residents with less than nine years of schooling was 16.7% in 1996, compared to the Manitoba average of 12.6%.

2.19 Unemployment

Unemployment Rate is the proportion of the population age 15 and over who are actively looking for work. In 1996, the unemployment rate in the Region was 8.7%. The unemployment rate was higher among men than women, and higher than the provincial average of 7.7%.

Table 1: Leading Causes of Potential Years of Life Lost (PYLL) and Average Annual Death Rate /100,000 Population - 1993 to 1997

Females	Total PYLL	Average Annual Death Rate / 100,000	
		North Eastman	Manitoba
Breast Cancer	344	27.39	34.39
Motor vehicle accidents	295	10.96	6.43
Trachea, Bronchus, Lung Cancer	294	32.87	40.06
Suicide	280	7.67	4.57
Ill Defined / Unknown Causes	276	21.91	6.74
Ischemic Heart Disease	246	105.91	163.00
Sudden Infant Death Syndrome	150	Not calculated	0.65
Cerebrovascular Disease	126	62.45	77.27
Accident Caused by Fire / Flames	116	3.29	not calculated
Homicide / Assault	109	2.19	1.65
Males	**Total PYLL**	**Average Annual Death Rate / 100,000**	
		North Eastman	Manitoba
Ischemic Heart Disease	1,133	194.74	194.70
Motor Vehicle Accidents	921	24.73	14.54
Suicide	875	24.73	18.43
Accidental Drowning	388	9.27	3.75
Trachea, Bronchus, Lung Cancer	341	60.79	64.80
Ill Defined / Unknown Causes	273	20.61	8.38
Homicide / Assault	232	5.15	3.11
Accident Caused by Fire / Flames	223	5.15	2.37
Pneumonia and Influenza	223	20.61	32.83
Cerebrovascular Disease	199	64.91	59.75

Table 2: Incidence of Selected Notifiable Diseases – Crude Rates North Eastman Region and Manitoba (cases per 100,000 population)

	1996	1997	1998
Tuberculosis			
North Eastman	13.13	5.17	7.77
Manitoba	8.12	8.29	10.15
Chlamydia			
North Eastman	265.14	310.01	414.28
Manitoba	222.0	224.89	272.39
Shigellosis			
North Eastman	2.63	18.08	23.30
Manitoba	8.47	8.99	19.87

Table 3: Causes of Death for Selected Cancers, 1993 to 1997 North Eastman Region and Manitoba

Cancer	Average Annual Standardized Rate (cases per 100,000 population)	
	North Eastman	Manitoba
Lung	50.49	50.44
Cervical	1.44	3.26
Breast	29.73	32.45
Ovarian	13.49	10.13
Prostate	29.07	27.97
Leukemias	8.52	6.64
Non-Hodgkin's Lymphoma	6.19	9.22
Esophagus	3.75	4.50
Large bowel and rectum	18.63	20.93
Stomach	3.04	7.00
Pancreas	7.85	9.29
Skin	1.09	2.08
Brain	5.53	4.19

Table 4: Diabetes Mellitus – Standardized Incidence and Prevalence North Eastman Region and Manitoba by Sex and Treaty Status, 1996

North Eastman Region	Sex	Treaty Status	Cases per 1,000 Population	
			Incidence	Prevalence
	Male	No	3.8	39.5
		Yes	10.1	111.4
		Total	**4.4**	**45.0**
	Female	No	3.6	42.8
		Yes	14.6	200.7
		Total	**4.4**	**54.0**
	Both	No	3.7	41.1
		Yes	11.8	151.8
		Total	**4.4**	**49.5**
Manitoba	**Sex**	**Treaty Status**	**Cases per 1,000 Population**	
			Incidence	**Prevalence**
	Male	No	4.1	41.6
		Yes	11.5	109.2
		Total	**4.3**	**43.7**
	Female	No	3.6	37.6
		Yes	14.9	172.8
		Total	**3.9**	**41.4**
	Both	No	3.8	39.3
		Yes	13.1	140.9
		Total	**4.1**	**42.3**

Table 5: Psychological Well-being Sense of Coherence Scale

Region	Average Score
Central	58.3
Interlake	59.2
Norman	54.2
Parkland	62.8
Westman	60.7
*Eastman	57.7
Winnipeg	59.4
Manitoba	59.1
Canada	58.8

*Number too small to breakdown further.

Table 6: Percent of Two-Year Olds Immunized for Specific Vaccines, 1998/99

	DPT/DT*		OPV/IPV*		HIB*		MMR*	
	Male	Female	Male	Female	Male	Female	Male	Female
Manitoba	74%	75%	58%	58%	74%	73%	87%	86%
North Eastman	74 %	68%	65%	60%	71%	67%	82%	87%

Table 7: Percent of Children in Their Seventh Year Who Are Fully Immunized

	DPT/DT		OPV/IPV		Hib		MMR	
	Male	Female	Male	Female	Male	Female	Male	Female
Manitoba	90%	90%	64%	65%	75%	75%	80%	80%
North Eastman	87%	91%	63%	63%	67%	72%	72%	72%

*DPT/DT – diptheria, petussis, tetanus
*OPV/IPV – polio
*HIB – haemophyllus influenza type B
*MMR – mumps, measles, rubella

Table 8: Teenage Pregnancies Among Women Aged 15 to 19 Years for the North Eastman Region and Manitoba 1997/98 Incidence per 1,000 Population Aged 15 to 19

	Municipalities Including Off-reserve First Nations	First Nations On Reserve	Total
North Eastman	41.1	162.4	60.6
Manitoba	55.1	152.3	59.9

3. 1998/99 YEAR'S ACTIVITIES

3.1 Priorities Identified and Actions Taken

The Community Health Assessment conducted in 1997 clearly identified a need for emphasis on health promotion and disease prevention, services to seniors and mental health services in the Region. In addition, disparities within the Region related to access to health was identified as a significant concern. Most of the efforts within the Region during the 1998/99 fiscal year were targeted toward this goal, as described in detail below in relation to each of the Core Services.

3.2 Changes for Core Areas

3.2.1 Health Promotion/Education

Health promotion/ education is a set of programs and strategies designed to enhance the health and social well being of North Eastman residents by enabling individuals, families and communities to promote health, prevent illness, postpone disability and cope positively with existing disabilities. Currently health promotion activities are largely the responsibility of community health staff across various program areas.

New Initiatives

The implementation of BabyFirst is the result of a partnership between the Regional Health Authority Public Health Program and the Children and Youth Secretariat. BabyFirst is a community based, early childhood program designed to provide support services to families who have children from prenatal to three years of age. The BabyFirst Program emphasizes positive parenting, enhanced parent-child interaction, improved child health and development, and optimal use of community resources.

Challenges and Responses

Health education is a significant health promotion strategy. Until recently, Health Educator services have been limited to the Winnipeg River District at a part-time level. The Health Educator position has been expanded from 0.5 EFT to 0.8 EFT with existing funds and re-assigned to address health promotion needs at a regional level. In collaboration with public health nurses, diabetic educators and primary care nurse(s), this individual will plan, implement and evaluate educational programs using a population health approach.

The northern districts of the region including Blue Water, the Unorganized Territories and First Nations Communities remain the most underserviced areas of the region. Discussions are underway with First Nations Communities to determine gaps in service and develop joint initiatives to address identified needs.

3.2.2 Health Protection

Health protection programs continue to safeguard the health and safety of the public in accordance with the Public Health Act. Services are provided through the Medial Officer of Health and Public Health Staff.

New Initiatives

The Region continues to work to increase overall immunization levels among the residents. The Hepatitis B immunization program for Grade 4 students resulted in 66% of the target group being immunized. The incidence of influenza appeared to be high within the Region is spite of concerted efforts to immunize as many of the target population as possible. A very successful mammography screening

program in the Blue Water, Winnipeg River and Iron Rose Districts increased the mammography screening rates among women in these districts from 23% to 63%.

Challenges and Responses

North Eastman Region has had limited access to the services of a Medical Officer of Health during fiscal year 1998/99. This has resulted in a serious gap in planning and implementation of programs that safeguard the health and safety of the public. Discussions continue with Manitoba Health to secure the services of a Medical Officer of Health.

The incidence of influenza continues to be a concern in the Region. Influenza immunization efforts will include a focus in the upcoming year on staff who work in Personal Care Homes, Acute Care Facilities and in Community Services where there is increased risk of exposure.

3.2.3 Prevention & Community Services

Community Health Services work with individuals, families and groups in communities who are at risk of developing a health problem, disease or disorder and at reducing hazardous environments. Services include pregnancy/ childbirth and parenting education, services to seniors, nutrition education, family health, prevention of injury/ chronic disease and diabetes education. Currently the public health nurses take the lead role in planning and delivery of community services.

New Initiatives

The Diabetes Education Team has been expanded to a 1.0 EFT Nurse Educator and a 1.0 EFT Dietician. The two-person team provides diabetic care across the region, with services including screening, assessment, education and support to individuals with diabetes and their families.

Challenges and Responses

The need for health promotion/ education and prevention services is strongly supported in the Community Needs Assessment. It is necessary to continue to develop partnerships with other agencies to identify existing and emerging needs and to engage in collaborative program development to ensure services have a population health focus while creating efficiencies and effectiveness. Efforts are required to develop, in collaboration with First Nations communities, approaches to diabetes education that meet the needs of this high risk population.

3.2.4 Treatment, Emergency and Diagnostic Services

These services include active treatment to reduce the impact of medical conditions or disorders, periodic treatment to manage longer-term disorders, hospital emergency and land ambulance services, and routine diagnostic services.

Treatment services within the North Eastman region include 80 acute care beds, with the services of 16 General Practitioners. The only surgery within the region is performed at Beausejour Hospital one day per week. Obstetrical services are offered at one site (Pine Falls) for low risk patients, and provided care for 33 deliveries in 1998/99. The dialysis program, also located at Pine Falls, provided care for 12 patients (an increase of two patients over the previous year). There is access to land ambulance services throughout the southern districts of the Region, with Northern Transport Services for residents

of the northern area. Radiology and laboratory services are available in each acute care facility.

New Initiatives

Medical Chiefs of Staff have been appointed for each of the Acute Care facilities. Regional Staff Bylaws have been adopted by the North Eastman Region. In addition, the North Eastman Region has a Regional Chief of Emergency Medical Services, providing consistent medical support for this service in the region. The addition of Tissue Plasminogen Activator (TPA) to the formulary at the three acute care sites will enhance the treatment of acute myocarial infraction in the emergency room. New specialized diagnostic equipment was approved for purchase by Manitoba Health. A Radiographic Film Processor was installed in Pine Falls Hospital and a Radiographic-Fluoroscopy Suite will be installed in the new Beausejour Hospital.

Challenges and Responses

North Eastman Region depends on specialty services in Winnipeg for the majority of surgeries and obstetrics and for all oncology and other consultation services. A review of services and client need is being conducted upon which to base future planning in the region for surgical, obstetrical and outpatient oncology care.

The collection of statistical data related to admissions, transfers and discharges continues to be primarily manual and is labour intensive. There is inconsistency related the gathering and recording of data. A regional committee has been struck to address these issues. The purchase of a computerized Admission / Discharge / Transfer system has been identified as a priority.

A shortage of nursing staff, RNs and LPNs, is being experienced at each acute care site, with little response to recruitment efforts. This issue is being discussed at regional and provincial levels. A plan will be developed through exploration of multiple strategies to achieve a consistent approach to staffing throughout the region.

Similarly, issues have been experienced with volunteer ambulance crews with difficulty experienced in staffing some units through the weekdays. Discussions are occurring to develop strategies on a regional perspective.

Basic diagnostic service utilization increased by 8% in 1998/99 compared to the previous year. Strategies to manage increased workload need to be developed.

3.2.5 Developmental and Rehabilitation Support Services

These services help to improve and maintain the functional independence of clients with impaired functioning from injury, chronic disorder or disability. Components of service include rehabilitation therapy and early childhood intervention.

New Initiatives

No new initiatives occurred in 1998/99 in the provision of rehabilitative services.

Challenges and Responses

Rehabilitation services within the region continue to be inadequate to meet the needs of clients. There is a fully equipped hearing centre located in Beausejour, but with difficulties recruiting an Audiologist, the Region was without audiology services for a number of months. Physiotherapy and

Occupational Therapy are provided on a contractual basis, but due to long waiting lists for these services many patients are referred to Winnipeg for rehabilitation. Rehabilitation services for the region will be explored in relation to the planned Beausejour Hospital capital project, which has been submitted to Manitoba Health for approval.

3.2.6 Home Based Care Services

The Home Care Program in North Eastman continues to strive to meet Provincial Standards by offering accessible, timely assessments and service to eligible clients. The program facilitates the ability of individuals to remain independent in their own homes while supporting families to remain actively involved in the plan of care and thereby preventing or delaying the admission of clients to more costly bed-based care settings.

New Initiatives

An increase in staffing was made possible due to increased funding from Manitoba Health. The additional 1.0 EFT Resource Coordinator hours were divided across the region to meet overall increases in need. The 1.0 EFT Case Coordinator hours were dedicated primarily to the Whitemouth district where there have been previously no dedicated resources.

Regional staff development has been organized in collaboration with regional long term care services as one avenue to meet the continuing education needs of direct service workers.

Home Care Coordinators are members of Admissions' Committees associated with the Personal Care Homes (PCH) in the region. This has become an effective means of monitoring and continually updating PCH waiting lists based on client need.

Challenges and Responses

North Eastman experienced an average increase of 25% in units of service required during fiscal year 1998/99 with an increase of 3% in number of clients. This indicates the increase in needs among clients, many of whom are elderly and have chronic health conditions. In 1997 47% of clients were over the age of 80, many of whom required daily support to remain in their own home. Many of these clients require level 3 care when they are admitted to a PCH. The region looks to continued support from Manitoba Health to meet these needs. An assessment is planned to determine future needs for Personal Care Home beds in the region.

Recruitment of trained direct service staff has become a challenge for the region. In particular, the recruitment and training of Health Care Aides is an issue for the region due to cost of training and the retention of staff due to the fluctuating workload and hours of employment which can be offered.

3.2.7 Long Term Care

The goal of long term care is to increase a person's physical, social and psychological functioning to a maximum level to promote functional independence and quality of life. Care is provided in the least restrictive environment possible.

The North Eastman Region has four Personal Care Homes with a total of 150 beds. Adult Day Programs are provided in the communities of Beausejour, Pine Falls and Lac du Bonnet. Respite Care is provided throughout the Region.

New Initiatives

The Stony Plains Supportive Housing Project in Beausejour was developed to provide an alternate housing option for seniors. In collaboration with Home Care, the program provides personal care, meal service, house keeping, laundry and an activity recreation program. An extensive review of the project took place in January, 1999 which included surveys to clients, their families, the staff, an evaluation meeting with all clients, family members, management and staff, and a financial review to determine cost effectiveness. Responses demonstrate the value of the project in perceptions of improved client quality of life with prolonging independence in the community. The program has also experienced a reduction in the units of Home Care service required by clients and with more efficient use of Home Care staff. There are currently 9 clients in the program with capacity for 12 at this site. Identified in the Health Plan for 2000/2001 is a plan to establish other supportive housing opportunities throughout the Region.

The respite programs in all areas of the Region have been utilized to capacity with clients staying for shorter periods at a time, usually one to two weeks. This is a marked improvement over past years. The respite option on the special needs unit at East Gate Lodge has offered a service to community residents who are cognitively impaired, a need that had not been fully addressed in the past.

Medical Advisors have been appointed for each of the Long Term Care facilities in the Region. Medical Advisors ensure the provisions of quality medical care to all residents of the facilities.

Challenges and Responses

The proportion of elderly residents in the North Eastman Region is increasing steadily. While elderly people are provided support through the Home Care Program to assist them to remain in their homes as long as possible, the waiting lists for admission to Personal Care Homes (PCH) in the Region are increasing. The construction of the 40 bed PCH in Oakbank will provide much-needed residential support for residents of the southern districts of the Region. Planning is required to ensure the availability of a full spectrum of services to seniors across the Region.

3.2.8 Mental Health Services

Mental Health Services respond to those who suffer from mental distress with provision of appropriate care, services and support to enable the individual to live with optimal independence and health status. Emphasis is on provision of community-based services.

Initiatives

An integrated approach to the planning and delivery of mental health services is being facilitated through development of regular mental health team meetings which are attended by interdisciplinary team members and by representatives of the self-help groups and volunteer organizations. Collaborative ventures include health promotion strategies such as organizing depression and anxiety screening days within the Region.

To better meet the needs of persons with serious and persistent mental illness, an Intensive Case Manager position was created. This part-time mental health worker has a caseload of ten clients. Other specialty services offered by the

Region include child-adolescent and psycho-geriatric services.

A centralized intake and referral system was established within the Region as a method for linking the client with the most appropriate community mental health service. A referral source satisfaction survey is underway.

The Mental Health MIS system was established in the Region. The system will provide useful information within the Region for the ongoing planning of mental health services to meet the needs of the residents.

Challenges and Responses

A significant concern in the Region is the very high rate of suicide, the highest in the province. There is a major need for additional mental health services in the Region for the assessment and treatment of anxiety and depression. Program planning has been initiated which will include efforts to understand better the mental health needs of the residents of the Region and development of focussed strategies to meet this need.

The Region has not been successful to date in the recruitment of the services of a geriatric psychiatrist to meet the specialty service needs of the growing elderly population in the Region. Need has also been identified for psychiatric consultation for the child and adolescent populations. Collaborative planning is underway with Interlake and South Eastman Regions regarding development of joint contracts for these services.

There has been an increased need for Proctor Services within the Region to meet the psychosocial rehabilitation needs of persons with serious and persistent mental illness. A number of issues exist in relation to this component of service including limited funding and lack of a training program. Request for funding has been included in the Operational Plans for 1999/2000 and 2000/2001. Discussions have been initiated with Adult Education Programs in the Region regarding the training needs.

3.2.9 Substance Abuse/Addictions

These services are designed to provide timely assessment and appropriate referral to services for individuals suffering from abuse of drugs, alcohol or gambling. The mental health professionals in the Region work closely with the Addictions Foundation of Manitoba, who take the lead in delivery of these services throughout the province.

New Initiatives

No new initiatives were undertaken during the past year.

Challenges and Responses

A growing concern is the incidence of deaths related to motor vehicle accident, incidents that are often alcohol related. The Region will continue to work in partnership with the Addictions Foundation of Manitoba to identify strategies to address this issue.

3.2.10 Palliative Care

Palliative care is the provision of skilled, compassionate care for persons whose disease does not respond to curative treatment. Interdisciplinary team members, both professional and volunteer provide care.

New Initiatives

The Palliative Care Service has been expanded to a regional basis. The Palliative Care Coordinator has developed

a close working relationship with the Home Care Program to enhance assessment, management, support and service delivery to these clients. A Regional Advisory Committee has been established with representation from Home Care to set regional goals and develop consistent and optimal approaches to care. Utilization of this resource is increasing as clients are identified and expertise is acquired to allow clients to remain independent in their own home.

An emphasis for the Palliative Care Program has been provision of consultation to other health care professionals in the Region regarding the management of care for individual clients and the provision of education to enhance skills of providers in all service settings.

Challenges and Responses

Given the large geography of the Region, the provision of high quality palliative care service to all clients is a challenge for the one full-time Palliative Care Coordinator. Ongoing emphasis on education of health care providers in all service settings will continue to be a priority.

3.2.11 Capital Planning

Capital planning activities in the Region during the year include:

- Completion of renovations at Whitemouth Health Centre, incorporating Community Services into the one health facility in the community,
- Completion of the ambulance shelter at the Pinawa Hospital,
- Approval of plans to proceed with two major projects, the 40 bed Personal Care Home and Primary Care Centre in Oakbank, and the new hospital for Beausejour, also with an attached Primary Care Centre,
- Development of plans for expansion of the Community Health Programs at the Pine Falls Complex, and
- Continued efforts to seek approval for upgrades to Community Health Offices at Manigotagan, Seymourville, and Bissett.

4.0 FINANCIAL STATEMENTS

Statement of Operations – Year Ended March 31, 1999

	1999	1998
REVENUE		
Manitoba Health Income	$19,673,281	$16,919.136
Non-insured Income	1,816,434	1,784,745
Offset Income	643,186	667,802
Amortization of deferred contributions	1,009,988	1,198,267
Year 2000 income	227,408	-
Ancillary income	271,207	224,686
	$23,641,504	$20,794,636
EXPENDITURES		
Acute Care – Institutional based	6,106,306	5,629,261
Long Term Care – Institutional based	6,437,270	6,164,193
Long Term Care – Home based	3,241,080	2,829,202
Health Promotion/Prevention and Primary Care	2,370,153	2,011,603
Regional Health Authority	742,975	429,529
Lab and Imaging Services	866,599	818,748
Northern Patient Transportation Program	78,048	65,985
Land Ambulance Program	374,643	453,615
Dialysis	225,841	193,060
Medical remuneration	705,978	488,776
Interest	547,617	487,836
Depreciation	1,023,367	1,164,943
Year 2000 expenditure	229,139	-
Ancillary operations operating expenses	229,476	221,056
Ancillary operating depreciation	33,324	33,324
	$23,211,816	$20,991,131
EXCESS (DEFICIENY) OF REVENUE OVER EXPENSES ATTRIBUTED TO MANITOBA HEALTH	429,688	(196,495)
Interest income	147,658	-
Other	(134,000)	-
EXCESS OF REVENUE OVER EXPENSES	$443,346	(196,495)

This financial information was extracted from the Annual Financial Statements reported on by Deloitte & Touche in the Audit Report dated June 4th, 1999. A complete set of Financial Statements and Auditor's Report may be obtained from the Health Authority.

APPENDIX (1)

District Health Advisory Councils and Provider Advisory Council

DHAC Purpose

The District Health Advisory Council (DHAC) is intended to be the focal point for community participation, access to the North Eastman Health Association Inc. and the health services planning process. The DHAC strive to evoke and bring into focus the community's strengths, interests and capacity for improved population health.

PAC Purpose

The Provider Advisory Council

- *Provide a multi-disciplinary forum for consultation with the NEHA on matters involving and having an effect on health services delivery within the region.*
- *Facilitate and proactively promote communications between the NEHA and providers.*
- *Promote an effective and collaborative working relationship among regional health service providers.*

The North Eastman Health Association Board of Directors would like to extend it's sincerest thanks to both DHAC and PAC members for their dedication, time and effort to the organization.

District Health Advisory Council - North

Charles Dalrymple, ***Chair*** – Traverse Bay
BeachRichard Howard – Seddon's Corner
Audrey Seymour – Wanipigow
Andy Totin – Bissett
Fernand Vincent – Lac du Bonnet
Karen Ann Skinner – Belair (resigned Feb. 99)
Marlene Farrell – Victoria
Donna Prest – Manigotagan
Mary Spitz – Pinawa
Al Tymko – Beausejour

District Health Advisory Council - South

Pat Porth, ***Chair*** – Seven Sisters
Rita Bell – Whitemouth
Marlene Prosser – Hadashville
Judy Loeb – Dugald
Irene Young – Springfield
Gerrit Boonstra - Garson
Anne Percy – Dugald
Paul Wiebe - Oakbank
Vivian Weger – Tyndall
Joan Kenmare – Oakbank

Provider Advisory Council

Lucille Chay, ***Chair*** – Beausejour
Sharon Bissonnette – Whitemouth
Donna Dickey – Beausejour
Monique Oakley – Beausejour
Dr. Daphne Schmidt – Beausejour
Sharlene Thompson – Beausejour
Debbie Viel – Beausejour
Wendy Chen – Pinawa
Barbara Birch – Beausejour
Barbara Bromilow – Dugald
May Fast – Pinawa
Jeannette Schmidt – Pine Falls
Cheryl Smith – Lac du Bonnet
Jodene Toews – East Selkirk
Ronald Williscroft – Pine Falls